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Child Maltreatment is linked to Difficulties in Identifying with Social Groups as a Young Adult

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Abstract

Subjective feelings of disconnectedness from social groups have been found to be detrimental to mental health. However, little is known about the factors determining people's ability to attach to groups. We contend that child maltreatment impairs people's ability to identify with groups across the life-span, and present a cross-sectional study involving 396 Spanish young adults testing this hypothesis. Results reveal that, as expected, a greater degree of maltreatment received before the age of 14 is linked to a lower number of social groups one identifies with, even after controlling for current levels of depression, anxiety, and borderline personality.

Key words: Group Identification; Child Maltreatment; Sense of Belonging; Social Groups; Social Identity

Child Maltreatment is linked to Difficulties in Identifying with Social Groups as a Young Adult

Researchers agree that humans are adapted for living in social groups, due to the reproductive and survival advantage granted by group life throughout our prehistory (Tomasello, 2009). A corollary of this assumption is that experiencing a subjective sense of identification with groups is a precondition for good mental health (Baumeister & Leary, 1995). Consistent with this assumption, Sani et al. (2015) found an association between a greater number of group identifications and lower odds of being depressed in a large Scottish community sample. Furthermore, a longitudinal study of Scottish adolescents (Miller, Wakefield & Sani, 2017) revealed that greater number of group identifications predicted better mental health over time, but also that better mental health predicted greater number of group identifications over time, suggesting reciprocal causality.

However, little is known about factors that may thwart group identification. We contend that child maltreatment constitutes an experience that may seriously impair group identification across the life-span. This is because child maltreatment reduces social competence (Shields, Cicchetti & Ryan, 1994) and erodes the ability to form effective relationships (Strassberg, Dodge, Pettit & Bates, 1994). The current study tested this proposition in a cross-sectional investigation of the extent to which the severity of maltreatment received during the first 14 years of age is associated with number of group identifications in young adults.

It must be noted, however, that severity of child maltreatment predicts mental health problems (Edwards et al., 2003). Consequently, since greater mental health problems predict lower number of group identifications, one could argue that any found link between severity of child maltreatment and a lower number of group identifications might be explained by the fact that greater child maltreatment

leads to poorer mental health, which in turn decreases group identifications. Therefore, in the current study we investigate the effects of child maltreatment on group identifications while controlling statistically for the link between child maltreatment and mental health.

Method

Participants and Procedure

A sample of 396 undergraduate students from a Spanish university (78 males, 315 females; 3 did not specify; $M_{age} = 19.44$ years, range: 17 to 29 years) completed a questionnaire voluntarily at the end of a class.

Measures

We assessed number of subjective group identifications using the Sense of Belonging to Groups (SBG) checklist, a new instrument created for use in this study. Participants could select any number of groups from 0 to 11 from a list including, for instance, family, workplace group, and group of friends, with which they identified.

To assess child maltreatment we used the scale devised by Briere and Runtz (1988), which includes 14 items concerning psychological maltreatment (e.g., having been insulted by parent) and 10 items referring physical maltreatment (e.g., having been slapped by parent). Because preliminary analyses revealed very similar correlational patterns for the two scales, we created an overall score for maltreatment based on 24 items.

We assessed three mental health variables to be used as controls in our multivariate statistical analyses. We measured depressive symptoms, using the Major Depression Inventory (MDI; Bech et al., 2001), and anxiety, using the Generalised Anxiety Disorder (GAD-7) scale (Spitzer, Kroenke, Williams, & Lowe, 2006), because they tend to be the most common mental health problems in the general population (Bower & Gilbody, 2005). We also measured borderline personality, using the McLean Screening Instrument – Borderline Personality Disorder (MSI-BDP; Zanarini et al., 2003), because it is

one of the most likely mental health outcomes among people who have been maltreated as children (Johnson et al., 1999).

(See Supplementary Material for a more detailed description of all the measures)

Results

Descriptives, reliabilities, and inter-correlations

Means, standard deviations, and reliabilities (where applicable) for all the variables as well as the inter-correlations among the variables, are reported in Table 1. Point-biserial correlations were used to calculate the relationship between gender and other variables. (See supplementary material for descriptive statistics about sense of belonging to individual groups and for analysis of correlation between child maltreatment and sense of belonging to individual groups).

TABLE 1

Measurement instruments had good reliabilities, with Cronbach alphas ranging from .73 to .84. Number of group identifications had a statistically significant correlation with child maltreatment ($r = -.33$), as well as with the three mental health variables, with r -values ranging from $-.21$ to $-.27$. Child maltreatment also had a statistically significant correlation with the three mental health variables, with r -values ranging from $.24$ to $.33$. The intercorrelations among the three mental health variables were all statistically significant. Gender and age were not significantly correlated with any other variable.

Regression analysis

We first ensured that data met the assumptions required for regression analysis. The tolerance statistics was $> .20$ and the variance inflation factors to be < 10 , indicating absence of multicollinearity. The Durbin–Watson statistic was between 1 and 3, indicating independence of error. We also found the distribution of standard residuals to be normal, linear and homoscedastic, and that less than 5% of cases

exceeded two standard deviations from the mean, confirming that outliers were not a cause for concern. At this point we proceeded with the analysis.

In the regression we entered child maltreatment together with the three mental health variables. Age and gender were not entered as control variables because the correlation analyses revealed no links between these variables and the other variables. Number of group identifications was used as the outcome variable. Table 2 reports the results.

TABLE 2

The overall model had a good fit with the data ($F=15.94$; $p<.001$) and explained 14% of the variability in number of group identifications. We found greater degrees of child maltreatment to be linked with lower number of group identifications: $\beta = -.27$, $p < .01$. Greater levels of depressive symptoms were also linked to lower number of group identifications: $\beta = -.16$, $p < .05$. Anxiety and borderline personality exerted a small negative, and statistically not significant influence, on number of group identifications ($\beta = -.02$ and $-.04$ respectively).

Discussion

These results demonstrate that child maltreatment is associated with a thwarted ability to develop a sense of belonging to social groups. Although these findings might be partly due to the fact that a current sense of detachment from social groups will lead one to recall their childhood more negatively, they suggest that, at least in part, child maltreatment is responsible for one's difficulties to identify with social groups as a young adult. Therefore, these findings have implications for forms of intervention aimed at helping mental health patients to reconnect with social groups, such as the one advocated by the Groups4Health protocol (Haslam et al., 2016). While helping mentally distressed people to reconnect psychologically to social groups may generally contribute to reduce distress and facilitate recovery, we must keep in mind that some people may find it especially difficult to attach to groups

because they have been maltreated as children. Helping these people to reconnect to groups may need especially designed forms of social intervention.

Finally, we should highlight two major limitations of this study. First, the study relies upon recollections, which may inevitably be distorted. However, the average age of our participants was just over 19 years. Therefore, they reported experiences that had taken place not a long time before. This is likely to reduce the margins of recollection error. Second, our study used university students from a specific country. Cross-national studies involving community samples should therefore be conducted in order to obtain further confirmation of the effects found in this study.

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Table 1. Means, Standard Deviations and Reliabilities for Variables, and Intercorrelations

Variable	1	2	3	4	5	6	7
1. Group Identifications (M = 4.08; SD = 1.43)	—						
2. Child Maltreatment (M = 20.30; SD = 15.77)	-.33**	—					
3. Depression (M = 15.51; SD = 8.32; $\alpha = .84$)	-.27**	.25**	—				
4. Anxiety (M = 7.78; SD = 4.71; $\alpha = .84$)	-.23**	.24**	.73**	—			
5. Borderline Personality (M = 3.28; SD = 2.34; $\alpha = .73$)	-.21**	.33**	.43**	.42**	—		
6. Gender (0=male; 1=female)	.00	-.01	.00	.07	-.01	—	
7. Age (M = 19.44; SD = 2.19)	.03	-.03	-.03	-.01	-.08	-.05	—

Note: ** $p < .01$; * $p < .05$

Table 2. *Summary of multiple regression analyses for child maltreatment and mental health variables predicting number of group identifications.*

Group Identifications					
	B	SE	β	Lower 95% CI for B	Upper 95% CI for B
Constant	5.13	.16		4.81	5.45
Child Maltreatment	-.02	.01	-.27**	-.03	-.02
Depression	-.03	.01	-.16*	-.05	-.00
Anxiety	-.01	.02	-.02	-.05	.04
Borderline Personality	-.03	.03	-.04	-.09	.04
$R^2 = .14$					

Note: * $p < .05$; ** $p < .01$